

Name  
in  
Full

William Bowen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Berlin Town

County

Wor.

MARYLAND

Date

of death

1910

Month

April

Day

6

Age

Years

72

Months

Days

Sex

Male

Color or  
Race

Cal.

Birth-  
place

Berlin Md

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Arthur Bowen

Father's  
Birthplace

Berlin Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
information

Elmer Parsons

How related  
to deceased

Niece

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Cardiac Hypertrophy

How long

Immediate

Dilatation

How long

2 mos

Are the name, age, sex, color, date  
and place correctly given above?

js

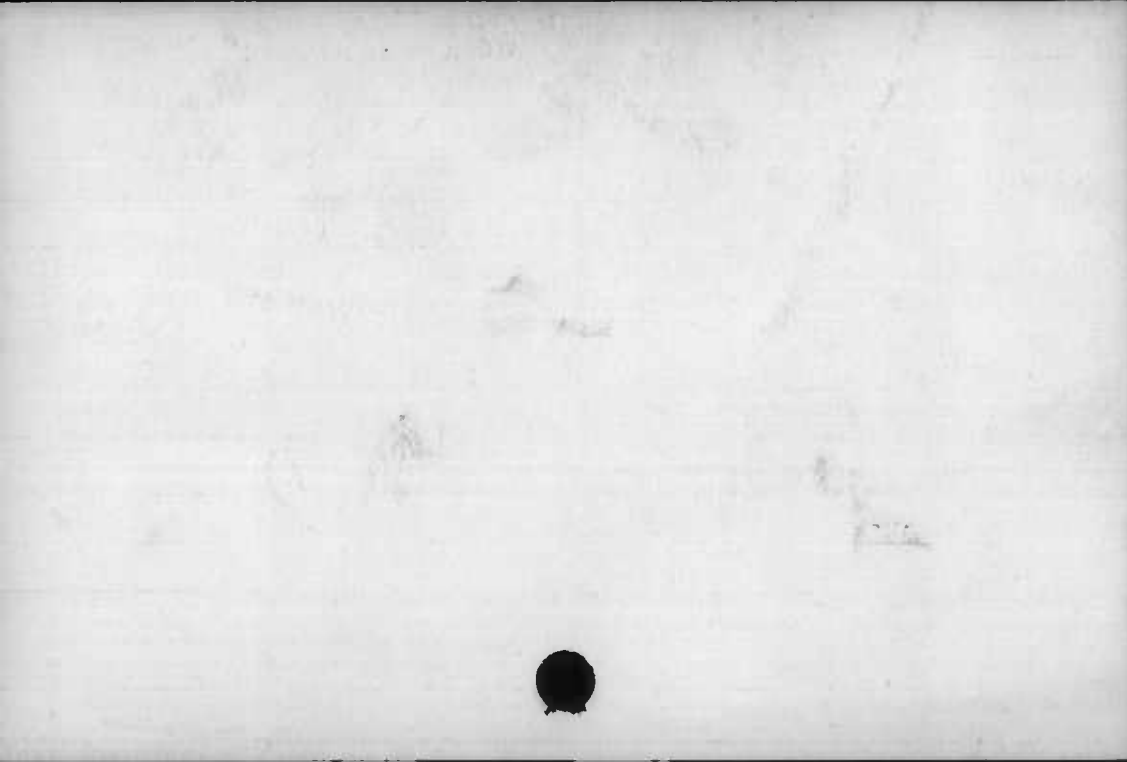
Signature of  
Physician

Ebe J Holland

Address

Berlin  
Md

Accident or Suicide?



Name  
in  
Full

Sula Gumbly

237  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Town *Pocomoke city* County *Morcesville* MARYLAND

Died at *Pocomoke city*

Date of death 19*00* Month *April* Day *2* Age *—* Years *—* Months *—* Days *17*

Sex *Male* Color or Race *Colored* Birth-place *Pocomoke city*

Occupation *—* Where Residing if not at place of death *Pocomoke city Md*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Martin Schoofield*Father's Birthplace *Maryland*Mother's Maiden Name *Jane Gumbly*Mother's Birthplace *Maryland*Name of person giving Information *Hattie Gumbly*How related to deceased *Grandmother*

## CAUSES OF DEATH

Primary

*It was falls*

How long

*Born that way*

Immediate

*had no doctor*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

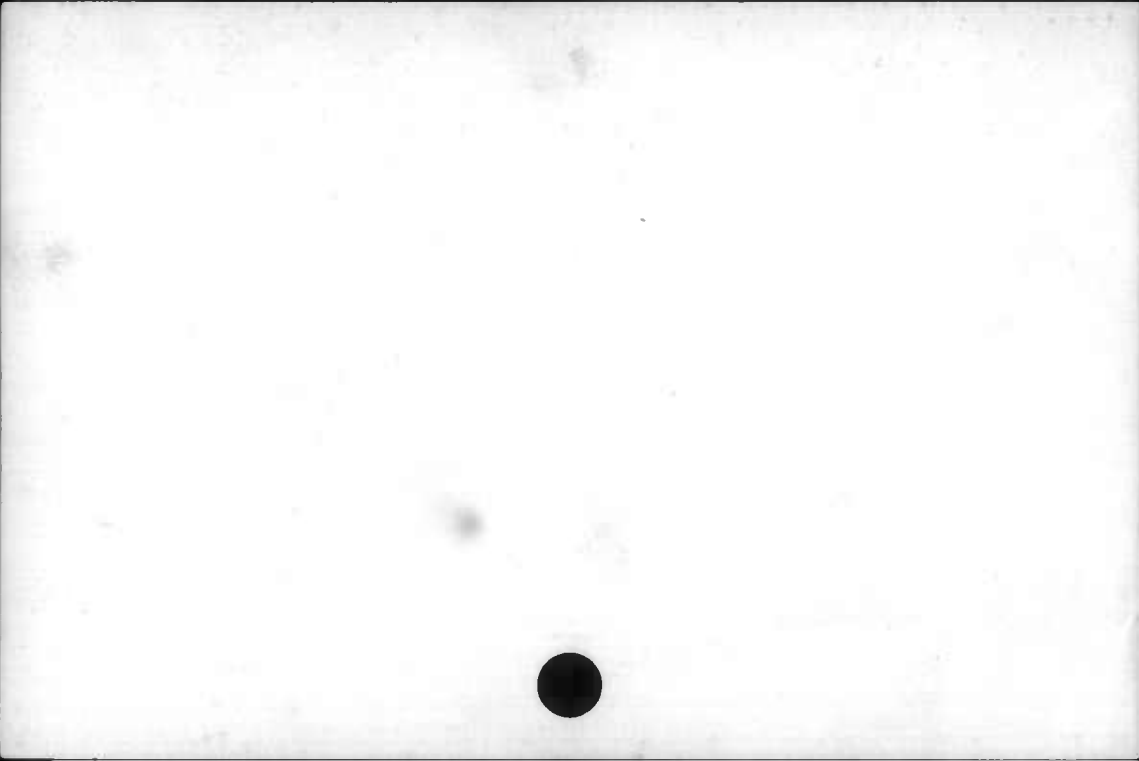
Signature of Physician

Address

*John H. Hillman*  
*Public Health Officer*  
*Local Registrar*

Accident or Suicide

PHYSICIAN  
OR CORONER



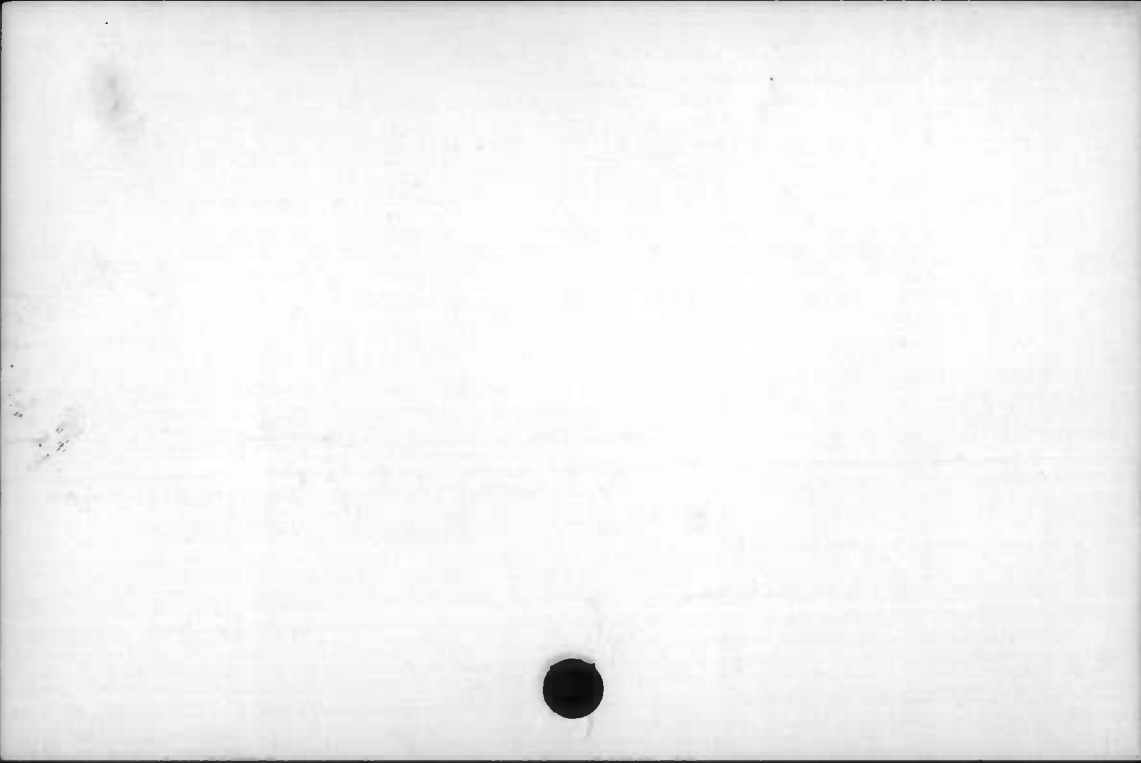
Name  
in  
Full242  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke City</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>April</i>	Day <i>25</i>	Age <i>5</i>	Years <i>5</i>	Months <i>7</i>	Days <i>28</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Pocomoke City</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Andrew Timney</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary Jones</i>				Mother's Birthplace <i>Pocomoke City</i>			
Name of person giving Information <i>Mary Jones</i>				How related to deceased <i>mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Anaemia</i>	How long <i>Don't Know</i>
Immediate <i>Hemorrhage</i>	How long <i>1 day off</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N E Saphores</i>
	Address <i>Pocomoke City Maryland</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Loriz Manuel

289  
CERTIFICATE OF DEATH

Died at <sup>Town</sup> Pocomoke

<sup>County</sup> Worcester

MARYLAND

Date of death 1900

Month April

Day 14

Age 2

Months

Days

Sex Male

Color or Race Colored

Birth-place Worcester Co

Occupation Infant

Where Residing if not at place of death Pocomoke City

Married, Single or Widowed

Name of Wife or Husband

Father's Name Sam Manuel

Father's Birthplace Worcester Co

Mother's Maiden Name Caroline Bonner

Mother's Birthplace " "

Name of person giving Information Henrietta Bonner

How related to deceased In Mother

CAUSES OF DEATH

6

Primary Measles

How long 2 months

Immediate Pneumonia

How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

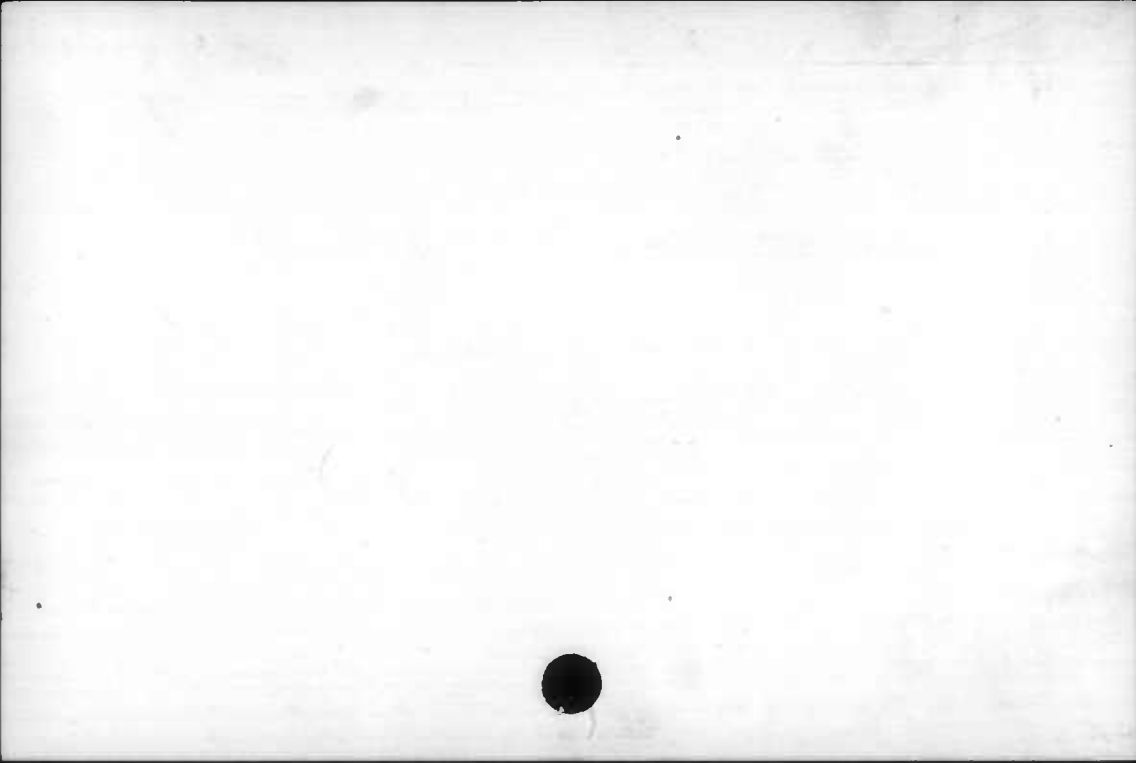
Signature of Physician Sam L. Brown

Address Pocomoke City

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George H Sharples* Town *Stockton* County *Worcester* MARYLAND

Died at *Stockton* Date of death 19*60* Month *April* Day *30* Age *70* Years *3* Months *26* Days

Sex *Male* Color or Race *White* Birth place *Worcester Md*

Occupation *Cysterman* Where Residing if not at place of death *-*

Married, ~~Single~~ *Married* Name of Wife or Husband *Martha M Sharples*

Father's Name *David Sharples* Father's Birthplace *Va.*

Mother's Maiden Name *Eleanor J Dupes* Mother's Birthplace *Worcester Md*

Name of person giving Information *George F Sharples* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Nephritis* How long *6 months*

Immediate *Uremia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J.D. Dickerson* Address *Worcester Md*

Accident or Suicide *-*



Name  
in  
Full

Gertrude Schoolfield

238

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Pocomota <sup>County</sup> Worcester MARYLAND

Date of death 1960 <sup>Month</sup> April <sup>Day</sup> 5 Age 17- <sup>Years</sup> - <sup>Months</sup> - <sup>Days</sup> -

Sex Female Color or Race Colored Birthplace Maryland

Occupation Housework Where Residing if not at place of death near Pocomota Ind

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Joseph Schoolfield Father's Birthplace near Pocomota

Mother's Maiden Name Mary Schoolfield Mother's Birthplace Maryland

Name of person giving Information Mary Schoolfield How related to deceased Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia 92 ✓ How long 4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above

had no Physician for over 3 weeks

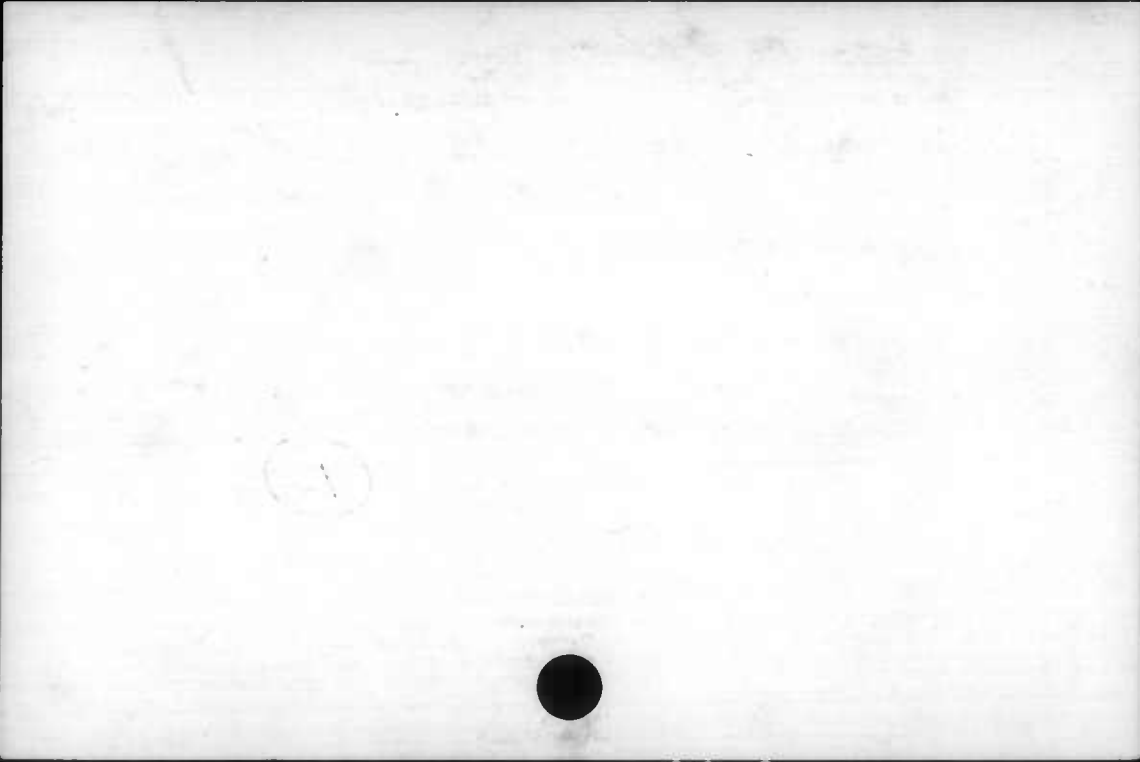
Signature of Physician

Address

Graham Hallen  
Local Registrar

Accident or Suicide

and Doctor says he knows nothing about it.



Name  
in  
Full

Charles Taylor

243  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Pocomoke City</i>		Town <i>Annistown</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>Apr</i>	Day <i>25</i>	Years <i>16</i>	Months <i>✓</i>	Days <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Annistown Co., Md</i>			
Occupation <i>Farm work</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Walter Taylor</i>		Father's Birthplace <i>Annistown Co., Md</i>					
Mother's Maiden Name <i>Eugene Blake</i>		Mother's Birthplace <i>Annistown Co., Md</i>					
Name of person giving Information <i>James E. C. C. C. C.</i>		How related to deceased <i>Father-in-law</i>					

## CAUSES OF DEATH

28 ✓

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>about a year</i>
Immediate	<i>Exhaustion</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Leet Hae</i>	
		Address <i>Pocomoke City, Md</i>	
Accident or Suicide? <i>Written</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George Taylor*

Town *Belbourn* County *Worcester* MARYLAND

Died at *Belbourn*

Date of death *1900* Month *4* Day *7* Age *2* Years *2* Months *—* Days *—*

Sex *male* Color or Race *Black* Birth-place *ind*

Occupation *None* Where Residing if not at place of death *ind*

~~Married, Single~~ or ~~Widowed~~ Name of Wife or Husband

Father's Name *Ernest Taylor* Father's Birthplace *ind*

Mother's Maiden Name *George Boston* Mother's Birthplace *ind*

Names of person giving Information *Wallace Wharton* How related to deceased *None*

CAUSES OF DEATH

*189* ✓

PHYSICIAN  
OR CORONER

Primary *no Physician* How long *4 days*

Immediates

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. Payne* Address *Stockham Road*

Accident or Suicides *O.K.*





Name  
in  
Full

CERTIFICATE OF DEATH

Lillie M. Phamley

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Berlin <sup>County</sup> Worcester

**MARYLAND**

Date of death 1900 <sup>Month</sup> April <sup>Day</sup> 24 <sup>Years</sup> Age 34 <sup>Months</sup> 3 <sup>Days</sup> 23

Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Maryland

Occupation Housewife <sup>Where Residing if not at place of death</sup>

Married, Single ~~or Widowed~~ Name of Wife or Husband Clarence Phamley

Father's Name James G. McNeal Father's Birthplace Maryland

Mother's Maiden Name Lillie McCabe Mother's Birthplace Lorraine

Name of person giving Information Clarence Phamley <sup>How related to deceased</sup> Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary ~~Stomach Infection~~ <sup>How long</sup> 12 days

Immediate Peritonitis <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician <sup>Address</sup> Berlin Md

Accident or Suicide

1  
2  
3  
4



Name  
in  
Full

241  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Not named Wilson  
Town County  
Died at Precourt Mass. Worcester  
Date of death 19010 01st 24st Age dead from.  
Sex Male Color or Race White Birthplace Worcester Co.  
Occupation None Where Residing if not at place of death Same,  
Married, Single or Widowed Name of Wife or Husband

Father's Name Harry Wilson Father's Birthplace Worcester Co.  
Mother's Maiden Name Bessie Burt. Mother's Birthplace Worcester Co.  
Name of person giving Information Harry Wilson. How related to deceased Father.

CAUSES OF DEATH

Primary dead from.  
Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.  
Signature of Physician  
Address

F. W. C. Seig  
Precourt Mass.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

240  
CERTIFICATE OF DEATH

Died at *Pocomoke, Maryland* County *Worcester*

MARYLAND

Date of death *1901 10 21st* Month *10* Day *21st* Age *23* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Worcester Co.*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Harry Wilson*

Father's Name *Severy Burt V.* Father's Birthplace *Worcester Co.*

Mother's Maiden Name *Mary Addick* Mother's Birthplace *Worcester Co.*

Name of person giving Information *Harry Wilson* How related to deceased *Husband*

CAUSES OF DEATH

135

Primary *Cerebral* How long *1 day*

Immediate *Femoral fracture* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*G. W. P. Seering  
Pocomoke Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

